



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER- Governor
RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T - Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 21, 2007

Jared Nye, Administrator
Aarenbrooke Place - Cory Lane
9327 Cory Lane
Boise, ID 83704

License #: RC-718

Dear Mr. Nye:

On February 23, 2007, a complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

sc/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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March 21, 2007

Jared Nye, Administrator
Aarenbrooke Place-Cory Lane
9327 Cory Lane
Boise, ID 83704

Dear Mr. Nye:

On February 23, 2007, a complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 25, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "JS", written over a horizontal line.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure



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March 21, 2007

Jared Nye, Administrator
Aarenbrooke Place - Cory Lane
9327 Cory Lane
Boise, ID 83704

Dear Mr. Nye:

On February 23, 2007, a complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor Llc. The survey was conducted by John Wingate, RN and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

Complaint # ID00002404

Allegation #1: A resident was not assisted by the facility with his medications.

Findings: On February 22, 2007, the identified resident's closed record was reviewed. It documented the resident was assisted with his oral medications by facility staff. It also documented the resident had orders and the nurse had assessed the resident as being able to self-administer his inhaler medications.

On February 22, 2007 between 1:18 p.m. and 3:58 p.m., facility staff, the administrator and the facility nurse were interviewed. They stated they assisted the resident with all oral medications. They stated the resident was assessed as being able to safely self-administer inhalers, but staff would watch the resident's use of his inhalers during the medication pass, to assure he was appropriately using his inhaler medications.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The resident has an order for continuous oxygen for his COPD, and the facility was not monitoring his oxygen level.

Findings: Review of the identified resident's closed record revealed the resident was ordered 3 liters of continuous oxygen. The record also documented a home health agency was monitoring the resident's oxygen saturation levels on a daily basis.

On February 22, 2007 between 1:18 p.m. and 3:58 p.m., facility staff, the administrator, the facility nurse and home health nurse were interviewed. They stated the resident had a monitor in his room, which measured his daily oxygen saturation levels and would notify home health if the saturation levels were low.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #3: The facility was not providing the resident with a low-sodium or diabetic diet.

Findings: On February 22, 2007 the facility's as served menu was reviewed. The facility had therapeutic menus available that included a low-sodium and diabetic diet. Review of the identified resident's closed record revealed the resident was offered a low-sodium, 1800 calorie diabetic diet.

On February 22, 2007 at 1:06 p.m., the kitchen staff stated the resident was offered a low-sodium, diabetic diet. They stated the resident ate in the main dining room, but when he did not feel well, a food tray was taken to his room.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #4: The facility was mishandling the resident's funds.

Findings: On February 22, 2007 the identified resident's closed record was reviewed and there was no documented evidence the facility managed the resident's finances.

On February 22, 2007 at 4:00 p.m., the administrator stated the facility never managed the identified resident's funds. He stated the resident's son was power of attorney and assisted the resident with his funds.

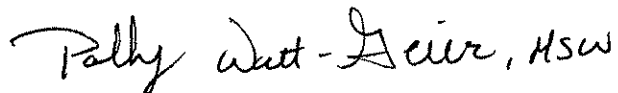
Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. AND/OR Non-core issues were identified and included on the Punch List.

Jared Nye, Administrator
March 21, 2007
Page 3 of 3

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink that reads "Polly Watt-Geier, LSW". The signature is written in a cursive, flowing style.

POLLY WATT-GEIER,LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name AArenbrooke Place - Storybook	Physical Address 9327 Corn Lane	Phone Number 376-1300
Administrator Jared Nye	City Boise ID 82704	ZIP Code
Survey Team Leader Rolly Watt-Gelert CE	Survey Type CI	Survey Date 2/23/07 2/23/07

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	310.01.a	The facility did not assure all medications were kept in a locked area. i.e. controlled substances were left on top of a file cabinet in an open office.	
2	350.0	The facility did not complete an incident or accident report for the identified resident when he eloped from the facility.	
3	350.07	The facility did not report an elopement to the licensing survey agency within 24 ^{hrs} of the incident.	
4	711.01.a	The facility did not document when identified resident had behavioral symptoms.	
5	725.01	The facility did not maintain current admission and discharge register.	

Response Required Date

3/23/07

Signature of Facility Representative

[Signature]